



Certificate of Immunization
North Dakota Department of Health
SFN 16038 (Rev. 11/00)

Disease Control
600 E Boulevard Ave
Bismarck, ND 58505-0200
800-472-2180 or 701-328-3386

North Dakota Law Requires This Form Be Completed* and Provided to the Childcare Facility or School.

Child's Name _____
(Last) (First) (Initial) Birthdate _____
Parent's Name _____ Phone Number _____

REQUIRED VACCINES

Vaccine Type	Enter Month/Day/Year for Each Immunization Given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)					
Hepatitis B					
Hib (<i>Haemophilus influenzae</i> type b)					
IPV/OPV (Polio)	Specify date and type	Specify date and type	Specify date and type	Specify date and type	
MMR (Measles-Mumps-Rubella)					

RECOMMENDED VACCINES-NOT REQUIRED (For recording purposes only).

PCV 7 (Pneumococcal-conjugate)					
Td booster (Tetanus-Diphtheria)					
Varicella (Chickenpox)					
Other: _____					

Do Not Sign Unless Minimum Requirements Are Met.

To the best of my knowledge, this person has received the immunizations required for age on the above dates.

(Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official)

Title

Date

If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1: _____

(Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official)

Title

Date

Update signature #2: _____

(Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official)

Title

Date

Update signature #3: _____

(Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official)

Title

Date

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.

(Parent/Guardian)

Date

Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical Exemption: The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

(Physician)

Date

Religious/Philosophical/Moral Belief Exemption: Parent or guardian of the above named person adheres to a belief opposed to immunizations. (Please check one below.)

Religious

Philosophical

Moral

(Parent/Guardian)

Date

* See back of form for assistance.

Original (white) – to be kept in child's childcare facility or school records. **Copy (yellow)** – to be retained by parent/guardian.